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Health Quality Performance Measurement

HOSPITAL COMMUNITY BENEFITS REPORT ~ 2004

RHODE ISLAND DEPARTMENT OF HEALTH

HOSPITAL COMMUNITY BENEFITS REPORT (2004)

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I: INTRODUCTION

The 1997 Hospital Conversions Act (23-17.14-3HCA) requires Rhode Island (RI) hospitals to submit annual reports on their community benefits activity to the Department of Health (HEALTH). This Report, the sixth since the enactment of the HCA, is intended to inform the General Assembly and other interested parties of hospital-reported community benefits in 2004.

The years leading up to the passage of the HCA witnessed a fundamental transformation in the financing and delivery of hospital services. The driving force was a shift from a cost-based to a prospective reimbursement system from the federal Medicare program and the expectation this would be adopted by private payors, especially Health Maintenance Organizations. Hospitals responded quite logically to these economic signals, by merging with larger provider networks in order to achieve 'economies of scale' and to enhance their bargaining position with the payors.[1]

A controversial piece of this response, the rise of for-profit hospital chains, helped fuel the community benefits debate. In 1991, there were more than seven major for-profit hospital chains in the United States. By 1997, this number dwindled as large chains were bought out or merged with one another. Unable to continue this expansion as before, the remaining chains began actively purchasing non-profit hospitals.

Given the traditional community orientation of the non-profit hospitals and the more market driven orientation of the for-profit chains, experts felt justified in citing "legitimate concerns" about decreased community benefits.[2] The non-profit sector argued that the for-profits lacked a sense of social responsibility and would reduce their community benefits contribution. The for-profit hospitals countered that they not only provided the same level of community benefits, but unlike their non-profit counterparts, paid local taxes as well.[3]

Whereas other states entered the debate by questioning if hospitals provided enough community benefits to merit their tax-exempt status,[4] RI took a different approach. It was the proposals of two for-profit hospital chains to acquire non-profit hospitals in the state that sparked concern over community benefits, not

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1 *Charity Care and Bad Debt in Rhode Islands' Community Hospitals, a Health Policy Brief, Cryan, B., HEALTH, April 1997.*

2 *"Columbia/HCA: A National Profile," Heineccius L, The Washington State Hospital Association, December 1995.*

3 *"Matter of Fact: Separating Myth from Reality in Health Care," promotional pamphlet from Columbia/HCA.*

4 *"State Requirements for Tax-Exempt Health Care Organizations," Voluntary Hospital Association, September 1997.*

whether the existing non-profits deserved their tax-exemption.[5] This distinction is important to put this Report into context. It provides an itemization of the hospital's community benefits, it does not provide a cost-benefit analysis of those benefits relative to the value of the public subsidies a hospital receives.[6]

Section II of this Report defines community benefits according to the HCA, and Section III measures 2004 charity care, bad debt and Medicaid 'shortfalls' at each hospital. Section IV charts the trends in and provision of charity care, and Section V examines hospital compliance with the charity care licensing standard. Section VI details hospital compliance with the uncompensated care licensing standard, and Section VII looks at possible regulatory consequences for non-compliance and alternative approaches. Finally, Section VIII reports on hospital diversity and Section IX summarizes the hospitals' 2004 funding of Healthy People 2010 activities.

II: COMMUNITY BENEFITS DEFINED

The HCA states that one of its purposes is to "monitor hospital performance to assure that standards for community benefits continue to be met." It defines community benefits as:

> *…the provision of hospital services that meet the ongoing needs of the community for primary and emergency care in a manner that enables families and members of the community to maintain relationships with persons who are hospitalized or are receiving hospital services, and shall also include, but not be limited to, charity care and uncompensated care.*

The Regulations (Section 1.7) further expanded that definition to include:

> *…programs, procedures, and protocols that meet the needs of the medically indigent; linkages with community partners that focus on improving the health and well-being of community residents, contribution of non-revenue producing services made available to the community, such as fitness programs, health screenings, or transportation services; public advocacy on behalf of community health needs; (and) scientific, medical research, or educational activities.*

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[5] *"Rhode Island Passes A Hospital Conversions Act in 1997," Donahue, J., AHPA Today in Health Planning, December 1997, vol. XIX no. 1.*

[6] *e.g., exemption from local, state and federal taxes, access to capital markets at subsidized tax-exempt rates, ability to solicit charitable donations, etc.*

III: CHARITY CARE, BAD DEBT & MEDICAID 'SHORTFALLS'

Charity care and bad debt are fundamentally different even though they both constitute uncompensated (i.e., no payment received) care. Charity care is the charges for services delivered but not booked as a receivable because the hospital makes a prospective determination the patient is incapable of payment (i.e., medically indigent). Bad debt on the other hand is the billing for services rendered but never collected and written off as a business expense. Both charity care and bad debt are reported in the hospitals' audited financial statements, and are, therefore, easily quantified.

Medicaid 'shortfalls' are another matter. Technically they are the difference between Medicaid reimbursement and the cost (i.e., expense) of providing services to this population. Unlike charity care and bad debt, Medicaid 'shortfalls' are self-reported, and unaudited. They are detailed here because the HCA includes them as one component in its definition of uncompensated care.

Table 1 summarizes the hospitals' 2004 charity care, bad debt, and Medicaid 'shortfalls', both in actual amounts (in thousands), and as a percentage of the hospitals' net patient revenue (which standardizes the statistic for comparison purposes). Readers should note that the charity care and bad debt amounts have been cost-adjusted from the charges reported in the audited financial statements. This controls for differences in each hospital's prices (i.e., charge structures) and allows for more valid comparisons between hospitals. This is consistent with the HCA's charity and uncompensated care licensing standards (Sections V & VI).

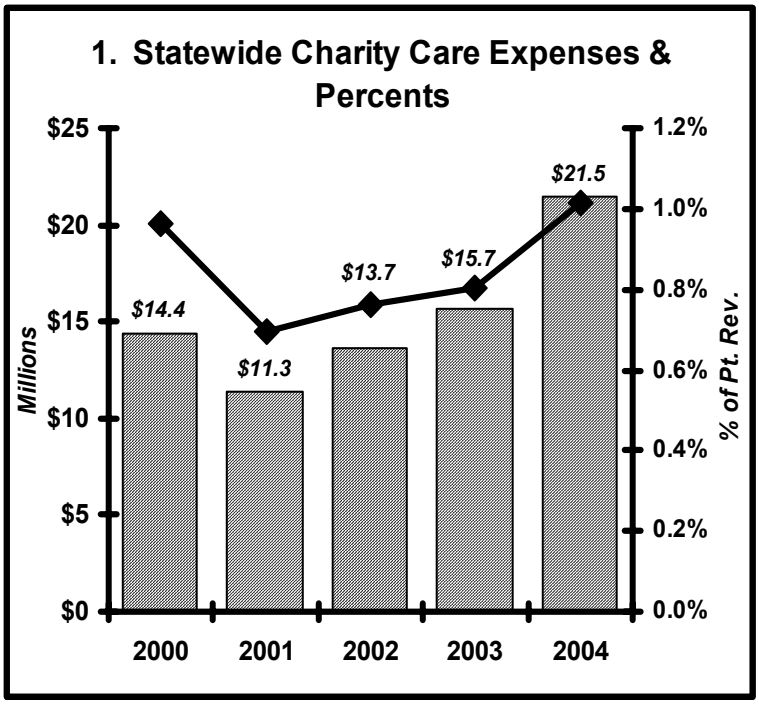
1. 2004 Charity Care, Bad Debt & Medicaid 'Shortfalls'[1]

	Charity Care[2]	%	Bad Debt[2]	%	Medicaid 'Shortfalls'[3]	%
Bradley	$0	*0.0%*	$721	*1.6%*	$1,895	*4.2%*
Butler	$768	*2.3%*	$233	*0.7%*	$102	*0.3%*
Kent	$1,152	*0.6%*	$3,778	*2.0%*	$1,135	*0.6%*
Landmark	$658	*0.8%*	$2,576	*2.9%*	$1,160	*1.3%*
Memorial	$2,289	*1.5%*	$5,399	*3.6%*	$2,562	*1.7%*
Miriam	$1,903	*0.8%*	$4,250	*1.8%*	$1,081	*0.4%*
Newport	$1,155	*1.3%*	$2,706	*3.0%*	$744	*0.8%*
Rehab Hospital	$35	*0.2%*	$56	*0.4%*	$0	*0.0%*
R.I. Hospital	$8,539	*1.3%*	$20,792	*3.3%*	$12,010	*1.9%*
Roger Williams	$1,364	*1.2%*	$3,623	*3.1%*	$1,177	*1.0%*
South County	$573	*0.8%*	$1,171	*1.6%*	$445	*0.6%*
St. Joseph	$1,163	*0.8%*	$3,643	*2.4%*	$628	*0.4%*
Westerly	$347	*0.5%*	$1,441	*2.2%*	$749	*1.2%*
Women & Infants	$1,510	*0.7%*	$1,828	*0.8%*	$5,724	*2.7%*
STATE-TOTAL:	*$21,455*	*1.0%*	*$52,217*	*2.5%*	*$29,412*	*1.4%*

[1] ***Dollar Amounts in Thousands ($000s), %s are based on Net Patient Revenue***
[2] ***Cost-adjusted by multiplying by a Ratio of Costs to Charges***
[3] ***Self-reported and unaudited***

Overall, Rhode Island's hospitals provided $21.5 million in charity care, or 1.0% of net patient revenue in 2004. The range of charity care at individual hospitals was from 0.0% at Bradley to 2.3% at Butler Hospital. Also in 2004, Rhode Island's hospitals incurred $52.2 million in bad debt, or 2.5% of net patient revenue. At individual hospitals, bad debt ranged from 0.4% at Rehab Hospital to 3.6% at Memorial.

IV: CHARITY CARE TRENDS & BURDENS

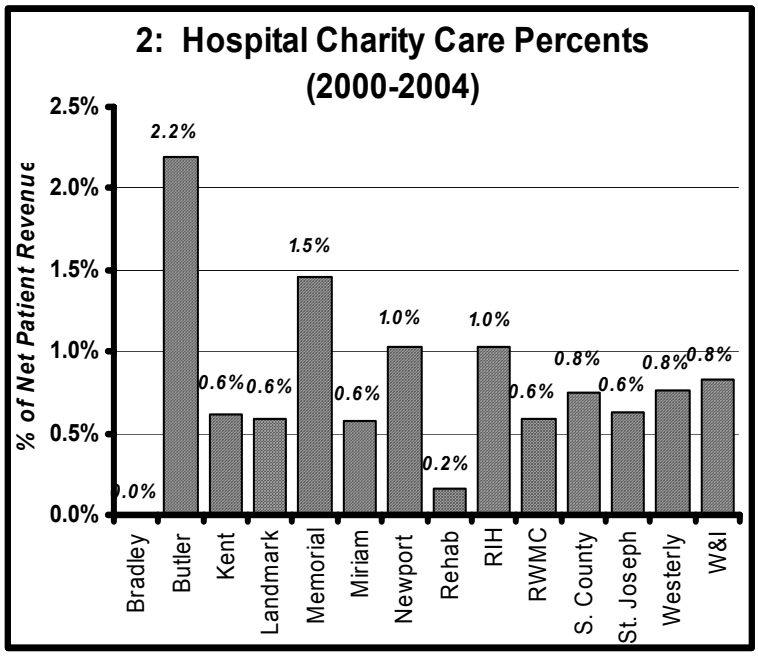


The most important and fundamental community benefit a hospital can deliver is the provision of healthcare services to the medically indigent (patients too impoverished to pay for their medical care). Chart 1 presents the statewide charity care expenses and percentages from 2000 to 2004. Again for purposes of comparison, the audited charge amounts have all been cost-adjusted to approximate the actual expenses incurred to provide the healthcare services to this population.

Since 2001, statewide charity care grew from $11.3 million to $21.5 million. Interestingly, this did not come at a time of decreasing bad debt.[7] Therefore, there appears to be a very real increase in charity expenses and not a simple change in accounting convention (i.e., a reclassification of bad debt to charity care).

[7] *Cost-adjusted bad debt amounts increased annually from 2001 through 2004 (i.e., $40.7, $41.8, $45.5 and $52.5 million, respectively)*

Chart 2 presents each hospital's relative charity care burden for the period 2000-2004. Aggregating five years' of data removes any outliers associated with reporting only one year. Presenting the value as a percentage of the hospital's net patient revenue further standardizes the statistic for comparison purposes. For example, there is more utility in knowing that Kent and St. Joseph hospitals shared similar charity care burdens (0.62% and 0.63%, respectively), than in knowing that Kent provided $5.3 million in charity care versus St. Joseph's $4.1 million.



V: CHARITY CARE LICENSURE STANDARD

The HCA instructed HEALTH to required all hospitals to meet certain standards as a condition of licensure. As promulgated in Regulations, the standard for charity care is:

> *..the average amount of charity care provided by the previously licensed hospital, or by the existing hospital, respectively, in the most recent five (5) years, as determined by the Director, expressed as a proportion of net patient revenues (Sect. 11.3, R23-17.14HCA).*

These Regulations became effective September 29, 1999. Because the hospitals' Fiscal Years ended on September 30, 1999,[8] FY 2000 became the first opportunity hospitals had to perform to the standards. Table 2 presents each hospital's charity care amounts relative to the licensing standard for 2000-2004.

[8] *Except for Rehab Hospital which is on a calendar Fiscal Year*

2: 2000-2004 Charity Care Licensing Standard & Experience										
	2000		2001		2002		2003		2004	
	Stand-ard[1]	Actual	Stand-ard[1]	Actual	Stand-ard[1]	Actual	Stand-ard[1]	Actual	Stand-ard[1]	Actual
Bradley	3.0%	0.0%	3.0%	0.0%	2.6%	0.0%	1.5%	0.0%	0.8%	0.0%
Butler	2.17%	2.19%	2.1%	1.7%	1.9%	2.2%	2.0%	2.5%	2.1%	2.3%
Kent	0.5%	0.3%	0.4%	0.7%	0.5%	0.7%	0.5%	0.7%	0.55%	0.60%
Landmark	0.5%	0.6%	0.49%	0.48%	0.5%	0.6%	0.51%	0.48%	0.5%	0.8%
Memorial	1.29%	1.26%	1.30%	1.27%	1.3%	1.5%	1.3%	1.7%	1.4%	1.5%
Miriam	0.9%	1.0%	1.0%	0.3%	0.9%	0.3%	0.8%	0.4%	0.7%	0.8%
Newport	1.5%	1.1%	1.4%	0.7%	1.2%	0.7%	1.0%	1.3%	1.0%	1.3%
Rehab Hospital	0.1%	0.0%	0.12%	0.07%	0.1%	0.2%	0.1%	0.2%	0.1%	0.2%
R.I. Hospital	1.3%	1.5%	1.4%	0.7%	1.3%	0.8%	1.2%	0.8%	1.1%	1.3%
Roger Williams	0.51%	0.47%	0.5%	0.3%	0.5%	0.2%	0.4%	0.8%	0.4%	1.2%
South County	1.0%	0.5%	0.9%	0.8%	0.87%	0.86%	0.8%	0.7%	0.76%	0.79%
St. Joseph	0.46%	0.45%	0.5%	0.6%	0.5%	0.7%	0.5%	0.6%	0.5%	0.8%
Westerly	0.9%	0.5%	0.6%	0.8%	0.6%	1.2%	0.7%	0.8%	0.7%	0.5%
Women & Infants	1.5%	1.0%	1.4%	1.0%	1.3%	0.9%	1.2%	0.7%	0.9%	0.7%

Non-Compliant

[1] *Standards are the most recent 5 year moving average.*

Shaded areas indicate non-compliance with the annual licensing standard. Clearly, no hospital was compliant every year, although Butler, Kent and St. Joseph were compliant four of five years. Bradley and Women & Infants were non-compliant every year.

VI: UNCOMPENSATED CARE LICENSURE STANDARD

As promulgated in Regulations, the standard for uncompensated care is:

> *..the average amount of uncompensated care provided by the previously licensed hospital, or by the existing hospital, respectively, in the most recent five (5) years, as determined by the Director, expressed as a proportion of net patient revenues (Sect. 11.4, R23-17.14HCA).*

Table 3 presents each hospital's uncompensated care amounts (i.e., charity care, bad debt & Medicaid 'shortfalls') relative to the licensing standard for 2000-2004.

3: 2000-2004 Uncompensated Care[1] Licensing Standard & Experience										
	2000		2001		2002		2003		2004	
	Standard[2]	Actual	Standard[2]	Actual	Standard[2]	Actual	Standard[2]	Actual	Standard[2]	Actual
Bradley	8.6%	6.1%	9.8%	2.9%	9.6%	2.2%	4.9%	2.9%	4.5%	5.8%
Butler	6.1%	5.8%	6.1%	5.5%	6.0%	3.3%	5.5%	3.9%	5.0%	3.3%
Kent	3.8%	2.7%	3.4%	2.6%	3.2%	2.5%	2.9%	2.9%	2.8%	3.1%
Landmark	4.3%	6.5%	4.6%	3.6%	4.5%	3.9%	4.4%	3.8%	4.4%	5.0%
Memorial	4.5%	4.3%	4.4%	4.2%	4.3%	4.0%	4.2%	6.2%	4.6%	6.8%
Miriam	2.9%	3.0%	3.0%	2.7%	3.01%	2.99%	3.13%	3.11%	3.1%	3.0%
Newport	6.5%	6.3%	6.7%	6.3%	7.0%	4.9%	6.6%	4.9%	6.0%	5.1%
Rehab Hospital	1.1%	2.2%	1.3%	0.7%	1.4%	0.7%	1.4%	0.5%	1.3%	0.6%
R.I. Hospital	5.2%	4.8%	5.2%	6.2%	5.6%	6.0%	5.7%	6.9%	6.0%	6.5%
Roger Williams	4.6%	4.8%	4.5%	5.7%	4.7%	7.8%	5.3%	5.2%	5.4%	5.2%
South County	2.6%	2.2%	2.5%	2.8%	2.5%	3.3%	2.6%	5.8%	3.3%	3.0%
St. Joseph	5.4%	3.6%	4.8%	4.2%	4.70%	4.72%	4.5%	2.9%	4.0%	3.6%
Westerly	3.6%	3.4%	3.0%	3.6%	3.0%	3.2%	3.1%	4.1%	3.3%	3.9%
Women & Infants	5.1%	4.2%	4.7%	3.8%	4.47%	4.52%	4.7%	4.4%	4.6%	4.2%

Non-Compliant

[1] *The HCA also includes Medicaid 'shortfalls' along with charity care & bad debt in 'uncompensated care'*

[2] *Standards are the most recent 5 year moving average.*

Again, shaded areas indicate non-compliance with the annual licensing standard. As with the charity care licensing standard, no hospital was compliant every year, although RI Hospital and Westerly were compliant four of five years. Butler and Newport were non-compliant every year.

VII: CONSEQUENCES & ALTERNATIVE APPROACHES

As promulgated in Regulations, failure to comply with the licensing standards allows the Director, after due process, to:

> *...deny, suspend or revoke a license, or in lieu of suspension or revocation of the license, may order the licensee to admit no additional persons to the facility, to provide health services to no additional persons through the facility, or to take corrective action necessary to secure compliance under the Act, (or to) …impose a fine of not more than one million dollars ($1,000,000) or impose a prison term of not more than five (5) years. (Sect. 15.0 (revised Section 14.0), R23-17.14HCA).*

In mid-2001, the data were available to determine compliance with the first year's (2000) charity and uncompensated care licensing standards. However, with only one year's experience and 10 of 14 hospitals not compliant, HEALTH stayed any regulatory action until additional years could be evaluated. The hospitals were

notified of this situation. It was not until late in 2003[9] that 2001 and 2002 data became available for analysis.[10] There was continued and general non-compliance with the standards those additional years.

Consequently, HEALTH met with the hospitals to address this issue and to seek remedy. There was general agreement that the current regulatory requirements were less than optimal, and that an alternative of standardizing the hospitals' financial-aid processes statewide would be an improvement.

Concurrently, there was widespread reporting in the national media regarding the plight of uninsured hospital patients. It was contended they were charged the highest rates for services, and that overly aggressive collections practices by some hospitals resulted in personal bankruptcy and impoverishment because of unpaid healthcare bills.

Given this unusual confluence of events, there exists an unprecedented opportunity to adopt new policies to benefit the low-income, uninsured Rhode Islanders. Replacement regulations were drafted[11] and presented for community review in August 2005. Essentially, HEALTH proposes to replace the existing licensing standard requiring hospitals to maintain their most recent 5-year-average of charity care with one requiring a minimum provision of charity care to all low-income (to 200% of Federal Poverty Levels), uninsured Rhode islanders.

VIII: DIVERSITY

HEALTH's Minority Health Advisory Committee has advocated that the hospitals' diversity of governance and administration is an important part of their community mission. The Committee reasoned that a community's health is enhanced when it sees itself actively participating in its own healthcare. Accordingly, the hospitals identified the diversity of their boards and senior administrative staff and this was benchmarked to the general population in the state (Table 4).

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9 *Hospital Community Benefits Report (2002), HEALTH, Cryan, B., Jan 2004*

10 *The Ratio of Costs to Charges (i.e., the critical cost-adjustment factor) is calculated from the Medicare Cost Reports and the federal Center for Medicare and Medicaid delayed release of those Reports*

11 *R23-17.14 HCA Section 11*

4. 2004 Statewide Hospital Diversity				
		HOSPITAL ADMINIST-RATIVE STAFFS[2] *(N=116)*	GENERAL RI POPU-LATION[1]	HOSPITAL BOARDS *(N=272)*
Ethnicity:	Hispanic/Latino		*9%*	*1%*
	Non-Hispanic/Latino	*100%*	*91%*	*99%*
	Totals:	*100%*	*100%*	*100%*
Race:	American Indian/Native		*1%*	
	Asian	*1%*	*2%*	*2%*
	Black/African-American		*5%*	*5%*
	Hawaiian/Pacific Islander			
	White	*99%*	*85%*	*91%*
	Other or Multiple Races		*8%*	*1%*
	Totals:	*100%*	*100%*	*100%*
Gender:	Female	*43%*	*52%*	*26%*
	Male	*57%*	*48%*	*74%*
	Totals:	*100%*	*100%*	*100%*

' *2000 U.S. Census data*
‘ *Vice-President level (however titled) and above*

Hospital governance and management were not diverse in 2004, nor were they reflective of the general population. Senior administrators were almost exclusively non-Hispanic whites, with no Black representation and only one Asian employed at this level. Gender diversity was more representative, with 43% female versus 52% female statewide. Hospital Boards were more diverse racially. Both the Black and Asian representations reflected the state demographics but Hispanics and females were underrepresented.

Senior hospital administrations were less diverse than the Boards. Asians were the only minorities represented, with Hispanics and Blacks totally absent. Miriam was the sole hospital with a minority member in its senior staff (one Asian). Three hospitals had no ethnic or racial diversity on their Boards at all (Memorial, Rehabilitation Hospital, and Westerly), and four hospitals had only one minority member (Kent, Roger Williams, South County, and St. Joseph).

Hospital diversity has improved since 1998, the first year for which data were collected. In 1998, hospital administrators were 35% female, 0% racial minority, and 0% Hispanic compared to 43%, 1% and 0%, respectively in 2004.In 1998, hospital Boards were 27% female, 5% racial minority, and 0% Hispanic compared to 26%, 9% and 1%, respectively in 2004.

IX: HEALTHY RHODE ISLANDERS 2010 SUPPORT

Since 2002, HEALTH has tracked the hospitals' support of the 10 Leading Health Indicators of Healthy Rhode Islanders 2010 (HP2010), a public health planning blueprint. Table 5 summarizes each hospital's 2004 support for the objectives defined in the 10 leading health indicators and a catchall category for all other activities. This reflects both the direct funding of these activities, and an estimation of the dollar value of in-kind, or indirect support. These dollar amounts are self-reported by the hospitals and unaudited.

5. 2004 Hospital Categorical Support[1] *(in $000s)*

	Physical Activity	Obesity	Tobacco	Substance Abuse	Sexual Behavior	Mental Health	Injury & Violence	Environment	Immunization	Access	OTHER	TOTALS
Bradley[2]		$3									$972	$976
Butler	$39	$6		$42		$29				$9	$1,455	$1,580
Kent	$17	$35	$19	$3.0		$32	$5	$2	$16	$52	$681	$862
Landmark	$7	$18	$10			$1	$4		$3	$74	$50	$167
Memorial	$54	$12	$2	$16	$1	$1	$2		$2	$2,368	$5,799	$8,257
Miriam	$400	$708	$502					$1		$161	$9,728	$11,499
Newport	$11	$4	$1			$5	$0.3	$0.3	$0.4	$186	$698	$905
Rehab Hospital	$1	$1	$1						$1	$57	$54	$114
RI Hospital	$13	$12	$2				$1	$5	$1	$408	$38,040	$38,482
Roger Williams	$3.5	$10		$32		$7			$9	$800	$32	$893
South County									$6	$236	$60	$303
St. Joseph	$1	$15	$31			$25				$3,963	$98	$4,131
Westerly	$28	$3	$2	$2	$1	$53	$1	$1	$29	$31	$145	$295
Women & Infants	$14	$73	$78	$368	$37	$58	$50		$29	$254	$15,419	$16,381
TOTALS:	$589	$899	$648	$462	$39	$210	$63	$9	$96	$8,599	$73,231	$84,845

[1] *Support includes direct funding (15.5%) and indirect or in-kind support (84.5%), amounts are self-reported and unaudited*
[2] *Bradley provides children & adolescent psychiatric services, so no support is identified under "Mental Health" which is for adults*

Understandably, not every hospital addressed all of these areas, because each hospital's priorities should reflect its own community needs. Nonetheless, a fairly modest amount was being invested by the hospitals to support the HP2010 activities, with the exception of the 'Access' category. More often than not, this 'Access' support entailed patient financial-aid assistance, or health screenings.

The direct funding of these activities constituted only 15.5% of the total support. Given the difficulties in standardizing the valuation of indirect support without an audit, future reporting may concentrate on only the direct funding (both monetary and in services). Further, according to the reporting instructions, these amounts should be inclusive of the services resulting in charity care and not in addition to those charity care amounts reported previously (Table 1). The hospital community benefits filings, including descriptions of the individual activities are on file at HEALTH.[12]

[12] *HEALTH's Center for Health Data & Analysis, Room 407, 3 Capitol Hill, Providence*

APPENDIX

APPX.: HOSPITAL COMMUNITY BENEFITS DATASET					
(in $000s)	**2000**	**2001**	**2002**	**2003**	**2004**
Bradley					
[1] Net Patient Revenue	$27,986	$31,145	$34,546	$39,787	$45,479
[1] Charity Care @ Charges	$0	$0	$0	$0	$0
[1] Bad Debt	$1,884	$1,121	$903	$674	$760
[2] Ratio Costs to Charges	0.878	0.812	0.834	0.853	0.949
[3] Medicaid 'Shortfalls'	$41	$0	$0	$597	$1,895
[1] Medicaid DSH Payments	$41	$98	$104	$100	$85
[1] Hospital Licensing Fees	$0	$0	$0	$0	$0
[2] Medicare DSH Payments	$0	$0	$0	$0	$0
Butler					
[1] Net Patient Revenue	$30,030	$28,566	$30,800	$33,239	$33,339
[1] Charity Care @ Charges	$978	$809	$1,163	$1,470	$1,458
[1] Bad Debt	$1,600	$1,755	$564	$824	$442
[2] Ratio Costs to Charges	0.671	0.609	0.581	0.561	0.527
[3] Medicaid 'Shortfalls'	$0	$0	$0	$0	$102
[1] Medicaid DSH Payments	$0	$0	$0	$0	$0
[1] Hospital Licensing Fees	$0	$0	$0	$0	$0
[2] Medicare DSH Payments	$0	$0	$0	$0	$0
Kent					
[1] Net Patient Revenue	$144,957	$161,466	$175,298	$175,526	$193,097
[1] Charity Care @ Charges	$821	$2,460	$2,597	$2,738	$3,041
[1] Bad Debt	$6,740	$6,014	$5,850	$7,006	$9,974
[2] Ratio Costs to Charges	0.518	0.488	0.490	0.446	0.379
[3] Medicaid 'Shortfalls'	$0	$0	$280	$701	$1,135
[1] Medicaid DSH Payments	$5,896	$7,268	$7,648	$8,034	$7,783
[1] Hospital Licensing Fees	$4,609	$5,056	$5,372	$6,012	$6,218
[2] Medicare DSH Payments	$1,327	$1,532	$1,593	$1,791	$2,311
Landmark					
[1] Net Patient Revenue	$68,091	$70,828	$74,373	$81,833	$87,534
[1] Charity Care @ Charges	$799	$699	$931	$932	$1,634
[1] Bad Debt	$6,222	$3,126	$3,779	$4,629	$6,400
[2] Ratio Costs to Charges	0.516	0.486	0.455	0.423	0.403
[3] Medicaid 'Shortfalls'	$789	$703	$768	$742	$1,160
[1] Medicaid DSH Payments	$4,330	$3,640	$3,830	$4,273	$4,059
[1] Hospital Licensing Fees	$2,622	$2,536	$2,690	$2,691	$2,562
[2] Medicare DSH Payments	$439	$801	$494	$676	$701

[1] *Audited Financial Statements*

[2] *Medicare Cost Reports: RCC = (Wrk B, Pt. 1, Col. 25, Ln. 95 / Wrk. C, Pt. 1, Col. 8, Ln. 103); MC-DSH = (Wrk. E, Pt. A, Ln. 4.04)*

[3] *Self-reported by hospitals*

APPX. Cont. HOSPITAL COMMUNITY BENEFITS DATASET					
(in $000s)	2000	2001	2002	2003	2004
Memorial					
[1] Net Patient Revenue	$112,904	$119,229	$129,066	$136,885	$149,944
[1] Charity Care @ Charges	$2,631	$2,791	$3,814	$4,534	$4,623
[1] Bad Debt	$5,220	$5,213	$4,771	$6,928	$10,904
[2] Ratio Costs to Charges	0.539	0.541	0.516	0.503	0.495
[3] Medicaid 'Shortfalls'	$600	$672	$703	$2,760	$2,562
[1] Medicaid DSH Payments	$5,359	$5,482	$5,578	$6,893	$6,836
[2] Hospital Licensing Fees	$2,583	$4,085	$4,340	$4,684	$4,561
[1] Medicare DSH Payments	$1,704	$1,838	$1,797	$1,976	$2,312
Miriam					
[1] Net Patient Revenue	$147,537	$173,501	$193,909	$219,171	$242,344
[1] Charity Care @ Charges	$4,273	$1,673	$2,048	$2,848	$6,439
[1] Bad Debt	$7,789	$9,484	$9,099	$13,461	$14,384
[2] Ratio Costs to Charges	0.362	0.351	0.324	0.317	0.296
[3] Medicaid 'Shortfalls'	$0	$799	$2,191	$1,651	$1,081
[1] Medicaid DSH Payments	$4,024	$7,148	$7,521	$8,392	$8,666
[1] Hospital Licensing Fees	$4,786	$4,973	$5,283	$6,079	$6,561
[2] Medicare DSH Payments	$0	$0	$0	$0	$0
Newport					
[1] Net Patient Revenue	$63,527	$71,007	$75,913	$81,957	$89,496
[1] Charity Care @ Charges	$1,220	$893	$1,172	$2,268	$2,517
[1] Bad Debt	$4,815	$5,333	$5,069	$4,923	$5,900
[2] Ratio Costs to Charges	0.567	0.544	0.485	0.465	0.459
[3] Medicaid 'Shortfalls'	$596	$1,082	$697	$696	$744
[1] Medicaid DSH Payments	$2,658	$2,939	$3,092	$3,450	$3,937
[1] Hospital Licensing Fees	$1,697	$2,044	$2,172	$2,554	$2,627
[2] Medicare DSH Payments	$380	$494	$462	$356	$429
Rehabilitation Hospital					
[1] Net Patient Revenue	$13,591	$15,785	$15,504	$16,051	$15,862
[1] Charity Care @ Charges	$9	$22	$58	$59	$62
[1] Bad Debt	$418	$188	$37	$84	$98
[2] Ratio Costs to Charges	0.560	0.531	0.577	0.595	0.568
[3] Medicaid 'Shortfalls'	$58	$0	$47	$0	$0
[1] Medicaid DSH Payments	$0	$0	$0	$0	$0
[1] Hospital Licensing Fees	$0	$0	$0	$0	$0
[2] Medicare DSH Payments	$0	$0	$0	$0	$0

[1] *Audited Financial Statements*
[2] *Medicare Cost Reports: RCC = (Wrk B, Pt. 1, Col. 25, Ln. 95 / Wrk. C, Pt. 1, Col. 8, Ln. 103); MC-DSH = (Wrk. E, Pt. A, Ln. 4.04)*
[3] *Self-reported by hospitals*

APPX. Cont. HOSPITAL COMMUNITY BENEFITS DATASET					
(in $000s)	2000	2001	2002	2003	2004
Rhode Island Hospital					
[1] Net Patient Revenue	$405,888	$445,853	$525,669	$592,076	$635,822
[1] Charity Care @ Charges	$13,931	$7,852	$11,147	$14,309	$25,163
[1] Bad Debt	$30,456	$39,384	$42,991	$55,371	$61,270
[2] Ratio Costs to Charges	0.441	0.397	0.364	0.347	0.339
[3] Medicaid 'Shortfalls'	$0	$9,026	$11,804	$16,770	$12,010
[1] Medicaid DSH Payments	$22,911	$20,089	$21,138	$23,583	$24,369
[1] Hospital Licensing Fees	$14,630	$13,975	$14,826	$16,331	$16,315
[2] Medicare DSH Payments	$8,374	$7,303	$9,554	$9,318	$10,413
Roger Williams					
[1] Net Patient Revenue	$101,281	$102,281	$102,123	$112,891	$117,859
[1] Charity Care @ Charges	$792	$509	$307	$1,544	$2,741
[1] Bad Debt	$5,056	$5,162	$10,567	$6,597	$7,279
[2] Ratio Costs to Charges	0.602	0.606	0.599	0.551	0.498
[3] Medicaid 'Shortfalls'	$1,294	$2,351	$1,470	$1,334	$1,177
[1] Medicaid DSH Payments	$5,000	$4,900	$5,210	$5,813	$5,827
[1] Hospital Licensing Fees	$3,468	$3,445	$3,660	$4,186	$3,885
[2] Medicare DSH Payments	$1,297	$1,677	$1,448	$1,816	$2,264
South County					
[1] Net Patient Revenue	$56,171	$61,705	$66,010	$67,461	$72,032
[1] Charity Care @ Charges	$515	$950	$1,066	$1,013	$1,199
[1] Bad Debt	$1,673	$2,315	$2,952	$2,364	$2,452
[2] Ratio Costs to Charges	0.552	0.538	0.534	0.498	0.478
[3] Medicaid 'Shortfalls'	$0	$0	$0	$2,265	$445
[1] Medicaid DSH Payments	$1,639	$2,163	$2,285	$2,406	$2,809
[1] Hospital Licensing Fees	$1,436	$1,969	$2,092	$2,125	$2,155
[2] Medicare DSH Payments	$0	$0	$0	$0	$0
St. Joseph					
[1] Net Patient Revenue	$114,147	$120,408	$128,480	$136,726	$149,282
[1] Charity Care @ Charges	$1,046	$1,504	$2,225	$2,220	$3,541
[1] Bad Debt	$5,235	$5,184	$7,052	$6,889	$11,094
[2] Ratio Costs to Charges	0.492	0.487	0.386	0.359	0.328
[3] Medicaid 'Shortfalls'	$982	$1,773	$2,477	$659	$628
[1] Medicaid DSH Payments	$4,808	$5,446	$5,754	$6,059	$6,366
[1] Hospital Licensing Fees	$4,183	$4,215	$4,479	$4,320	$4,609
[2] Medicare DSH Payments	$0	$0	$0	$0	$0

[1] *Audited Financial Statements*
[2] *Medicare Cost Reports: RCC = (Wrk B, Pt. 1, Col. 25, Ln. 95 / Wrk. C, Pt. 1, Col. 8, Ln. 103); MC-DSH = (Wrk. E, Pt. A, Ln. 4.04)*
[3] *Self-reported by hospitals*

APPX. Cont. HOSPITAL COMMUNITY BENEFITS DATASET					
(in $000s)	2000	2001	2002	2003	2004
Westerly					
[1] Net Patient Revenue	$50,325	$56,076	$57,577	$61,497	$64,976
[1] Charity Care @ Charges	$502	$906	$1,411	$983	$746
[1] Bad Debt	$2,191	$1,795	$1,229	$2,684	$3,096
[2] Ratio Costs to Charges	0.485	0.493	0.491	0.475	0.465
[3] Medicaid 'Shortfalls'	$426	$669	$521	$756	$749
[1] Medicaid DSH Payments	$2,616	$1,849	$1,953	$2,057	$2,853
[1] Hospital Licensing Fees	$1,670	$1,845	$1,960	$2,094	$2,172
[2] Medicare DSH Payments	$0	$0	$0	$0	$0
Women & Infants					
[1] Net Patient Revenue	$152,454	$166,375	$187,652	$201,371	$215,291
[1] Charity Care @ Charges	$2,687	$2,735	$2,896	$2,568	$2,981
[1] Bad Debt	$2,723	$3,003	$2,262	$2,696	$3,608
[2] Ratio Costs to Charges	0.576	0.579	0.591	0.553	0.507
[3] Medicaid 'Shortfalls'	$3,338	$2,924	$5,441	$5,894	$5,724
[1] Medicaid DSH Payments	$8,665	$10,444	$10,299	$11,352	$9,193
[1] Hospital Licensing Fees	$3,913	$5,309	$5,641	$6,513	$6,535
[2] Medicare DSH Payments	$633	$638	$843	$827	$1,042

[1] *Audited Financial Statements*

[2] *Medicare Cost Reports: RCC = (Wrk B, Pt. 1, Col. 25, Ln. 95 / Wrk. C, Pt. 1, Col. 8, Ln. 103); MC-DSH = (Wrk. E, Pt. A, Ln. 4.04)*

[3] *Self-reported by hospitals*